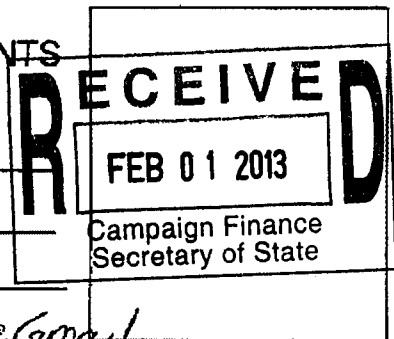


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Annual Report



Name of Candidate John Moore
Address PO Box 20 Brandon MS.
Telephone 601-946-5833 Fax 601-854-8051
Office Sought Rep Dist 60 Email RepJohnmoore@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 31, 2013 Annual Report (January 1, 2012 through December 31, 2012).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate Reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 5250 +\$ 1150	\$ 7750 6400	\$ 7750 6400
Total amount of disbursements	\$ +\$	\$ 6100	\$ 6100
Total amount of cash on hand		\$ 3400.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

John Moore
Signature of Candidate

1-31-13
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-576-2545.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee John L. Moore
 Reporting period 1-1-12 through 12-31-12

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Centene Mgmt Co.</u>	<u>9</u> <u>1</u> <u>12</u>	\$ <u>500</u>
Mailing Address _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS Dental PAC</u>	<u>9</u> <u>1</u> <u>12</u>	\$ <u>500</u>
Mailing Address _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>EPA PAC</u>	<u>7</u> <u>1</u> <u>12</u>	\$ <u>500</u>
Mailing Address _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Anheuser Busch</u>	<u>10</u> <u>1</u> <u>12</u>	\$ <u>500</u>
Mailing Address _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee John L. MooreReporting period 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Chevron PAC</u>		<u>11/1/12</u>	\$ <u>500</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Attera Client Services</u>		<u>11/1/12</u>	\$ <u>250</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ABG Gulf States Toyota</u>		<u>11/1/12</u>	\$ <u>250.</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Legening Through Sports</u>		<u>11/1/12</u>	\$ <u>1000.⁰⁰</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee John MooreReporting period 1-1-13 through 12-31-13

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>United Health Care</u>		<u>12</u> / <u>1</u> / <u>12</u>	\$ <u>500.</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Ms Life Underwriters</u>		<u>12</u> / <u>1</u> / <u>12</u>	\$ <u>250.</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Roch Industries</u>		<u>12</u> / <u>1</u> / <u>12</u>	\$ <u>500.</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____